MARYLAND STATE DEPARTMENT OF HEALTH

06148

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Jessups
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS on property of Home of Correction on Jessups Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Rural)
STREET ADDRESS (If rural, give location) Gulford Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Maxwell (Last) Bright

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept 4 1935

9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welders Helper

10b. KIND OF BUSINESS OR INDUSTRY: Steel Construction Business

11. BIRTHPLACE (State or foreign country): Havre de Grace Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James W. Bright

14. MOTHER'S MAIDEN NAME: Audrey ~~Keen~~ Keen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-30-1051

17. INFORMANT AND ADDRESS: James W. Bright Jr. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.3 Immediate cause (a) Comminuted fracture of Skull, left Parietal — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture, compound, of left arm at elbow — existent

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Construction — (CITY OR TOWN) near Jessups — (COUNTY) Howard — (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 16 (Year) 1953 (Hour) 4:30 p.m. — INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? fell from walkway of water tower as he was descending

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgoyne (Degree or title) M.D. — DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY — ADDRESS Ellicott City. Md. — DATE SIGNED 6-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 19 '53 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) Laurel — (State) Maryland

DATE REC'D BY LOCAL REG. June 19-53 — REGISTRAR'S SIGNATURE (Miss) E. Bird Milligan Registrar 6/23/53

24. FUNERAL DIRECTOR McWilliams Donaldson — ADDRESS Laurel Md

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06149

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 02-10
STREET ADDRESS (If rural give location) 101 Farragut Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E. (Last) BROWNING
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Dec. 31, 1865	87 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D. Purdum
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
–		no	Mrs. Margaret Bedford-32 E. 26th St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 422.1 Arteriosclerotic CV disease	2yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1953, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 8 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Ellicott City Md	6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/9/53	Lorraine Park Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUN 8 1953	Huntington Williams, M.D. John D. Loughran	Wm. J. Vickers & Sons	Balto 17, Md.

VS. A16

COPY SENT TO LOCAL REGISTRAR No.____ DATE_____

RECEIVED
JUN 11 1953
BUREAU V. S.

1134

06150

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1 200 feet north of Loudon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover 02X
STREET ADDRESS (If rural, give location) Route 1 Box 1-A ✓

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) HOLMES (Last) DISNEY, Sr.
4. DATE OF DEATH (Month) 6-26-53 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY Ray Zimmerling Fil. Sta.
11. BIRTHPLACE (State or foreign country) A. A. Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lemuel N. Disney
14. MOTHER'S MAIDEN NAME Magdalein Earp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 214-12-8527
17. INFORMANT AND ADDRESS Mrs. Lemuel Disney, Hanover, A.A.Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X Immediate cause (a) Fracture of Skull in Occipital Region — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of rt. leg lower third

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No X☐

21. EXTERNAL CAUSE WAS PRIMARY X☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Elkridge (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 6-26-53 (Day) (Year) 9.25 P m. (Hour)
INJURY OCCURRED While at work ☐ Not while at work X☐
HOW DID INJURY OCCUR? Struck by auto while attempting to cross Rt. 1

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgdorf M.D. (Degree or title) ADDRESS Deputy Medical Examiner for Howard County, Md. Ellicott City, Md. DATE SIGNED 6-26-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 29, 1953
NAME OF CEMETERY OR CREMATORY Friend Ship
LOCATION (City, town, or county) Ft. Meade Rd., A.A.Co. (State) Md.

DATE REC'D BY LOCAL REG. June 29, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR R V Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1 1953
BUREAU V. S

~~DUPLICATE~~
~~TENTATIVE~~
~~(CONFIDENTIAL~~
~~LIST)~~

MARYLAND STATE DEPARTMENT OF HEALTH

6588

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard County MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Daisy MD.
LENGTH OF STAY (in this place) 24. Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Montgomery~~ CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Daisy MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Elwood (Last) Howes
4. DATE OF DEATH (Month) June. (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 8. 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Warfield Farm
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Montgomery County MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Thomas Howes
14. MOTHER'S MAIDEN NAME Mary M. Shipley Howes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Francis Howes Etchison MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Howard Co., Clarksville, Md. DATE SIGNED 8/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June II. 1953
NAME OF CEMETERY OR CREMATORY MT. Tabor
LOCATION (City, town, or county) (State) Etchison MD.
DATE REC'D BY LOCAL REG. Aug-18-1953
REGISTRAR'S SIGNATURE E. Pearl Mercer
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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COPY SENT TO ~~LOCAL REGISTRAR~~ No. c No DATE 8-24-53

RECEIVED
AUG 24 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~239~~

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) W. Johnson (Last) Rider

4. DATE OF DEATH (Month) June (Day) 5, (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH April 8, 1876

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Albany New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Johnson

14. MOTHER'S MAIDEN NAME Mary Jane Habersham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mr Marrell H. Rider Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x

Immediate cause (a) Carcinoma of ascending colon & liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1953, to June 5, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE Robert S McCrney (Degree or title) M.D. ADDRESS 402 Main St Laurel Md DATE SIGNED 6/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE THEREOF June 6 1953 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. June 6-1953 REGISTRAR'S SIGNATURE Frank Shipley cmc

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
JUN 9 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (-152

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
MARYLAND LENGTH OF STAY (in this place): 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Allen (Last) Scrivnor

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 23, 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm – Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Scrivnor

14. MOTHER'S MAIDEN NAME: Ella M. Nichols

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Gertrude Scrivnor, Clarksville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
162X Immediate cause	(a) Cachexia	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized carcinomatosis (metastatic)	2 mos
	DUE TO (c) Bronchogenic carcinoma, right lung	1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16 ..1953, to .. 6/8 , 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Md. DATE SIGNED: June 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 11, 1953 NAME OF CEMETERY OR CREMATORY: St. Marks Cemetary LOCATION (City, town, or county) (State): Highland, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/9/53 REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A45

RECEIVED
JUN 11 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06153

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilton Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural)
STREET ADDRESS (If rural give location) Wilton Farm

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) (Last) SEAL

4. DATE OF DEATH: (Month) (Day) (Year) 19 6-21-53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-4-1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Purkey
14. MOTHER'S MAIDEN NAME: Sally Clonce

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Guy Seal, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
410 X
Immediate cause (a) Rheumatic cardiovascular disease with mitral and aortic stenosis and ~~DUE TO~~ insufficiency.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 5 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1948, to 6-21, 1953, that I last saw the deceased alive on 6-21, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE George E. Benytorf MD (Degree or title) ADDRESS Ellicott City DATE SIGNED 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-24-53
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md.
DATE REC'D BY LOCAL REGISTRAR: June 22, 1953
REGISTRAR'S SIGNATURE: John B. Loughran, Pu. B.E.L.
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
JUN 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06154

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Ellicott City; LENGTH OF STAY (in this place) 8 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Ellicott City; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C. (Last) SELBY

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-6-1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan C. Hobbs

14. MOTHER'S MAIDEN NAME: Mary C. Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs.E.J.Hammond, EllicottCity,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) hypertensive cardiovascular disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, chr. myocarditis	"
	(c) senile changes	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to 9 June, 1953, that I last saw the deceased alive on 9 June, 1953, and that death occurred at 7.29 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Ellicott City, Maryland 9 June 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 6-12-1953

NAME OF CEMETERY OR CREMATORY: McKendree

LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG. 6-11 1953

REGISTRAR'S SIGNATURE: Alice W Hebb

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
JUN 15 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06155

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5430 Race Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; STREET ADDRESS (If rural, give location) 5430 Race Rd

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) James (Last) Sinden

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Mal

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 27-1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Baptist

11. BIRTHPLACE (State or foreign country): Fairmount Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Victoria Winder Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Bronchio-pneumonia — Interval Between Onset and Death: 9da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Myocarditis — 1 yr

(c) Coronal arteriosclerosis — 3 yrs

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility — 7 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953 and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A B Brumbaugh M.D. 7200 Main St Elkridge 27 Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/53	Arbutus Mem. Park	Balto. County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/53	A W Hebner	Charles K. Law	80 2 Madison Ave.

X JJ